

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacies
All Prescribers
Managed Care Plans
Nursing Home Administrators

Memorandum No: 04-30 MAA
Issued: June 15, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For More Information, call:
1-800-562-6188

Subject: Prescription Drug Program: Preferred Drug List Updates, Prior Authorization Changes, and Limitations on Certain Drugs

Effective for dates of the week of July 5, 2004, and after, the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

- Addition of one therapeutic drug class to the Washington Preferred Drug list;
- Expedited Prior Authorization Changes
- Addition of one drug to the list of drugs requiring prior authorization; and
- Additions to the list of Limitations on Certain Drugs.

These changes will affect how you bill for these prescription services provided for dates of service on and after July 5, 2004.

Addition of a Therapeutic Drug Class to the Washington Preferred Drug List

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	All generic NSAIDs (generic NSAIDs require Expedited Prior Authorization with no change in existing criteria)	All brand-name NSAIDs including COX-II selective type NSAIDs.(Brand NSAIDs require Expedited Prior Authorization)

Expedited Prior Authorization Changes



Note: Bextra, Celebrex and Vioxx EPA code and criteria has changed.

Drug	Code	Criteria
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs): Ansaid® (<i>Flurbiprofen</i>) Arthrotec® (<i>Diclofenac/misoprostol</i>) Bextra® (<i>Valdecoxib</i>) Cataflam® (<i>diclofenac</i>) Celebrex® (<i>celecoxib</i>) Clinoril® (<i>Sulindac</i>) Daypro® (<i>Oxaprozin</i>) Feldene® (<i>Piroxicam</i>) Ibuprofen Indomethacin Lodine®, Lodine XL® (<i>Etidolac</i>) Meclofenamate Mobic® (<i>Meloxicam</i>) Nalfon® (<i>Fenoprofen</i>) Naprelan®, Naprosyn® (<i>Naproxen</i>) Orudis®, Oruvail® (<i>Ketoprofen</i>) Ponstel® (<i>Mefenamic acid</i>) Relafen® (<i>Nabumetone</i>) Tolectin® (<i>Tolmetin</i>) Toradol® (<i>Ketorolac</i>) Vioxx® (<i>rofecoxib</i>) Voltaren® (<i>Diclofenac</i>)	141	An absence of a history of ulcer or gastrointestinal bleeding.

Prior Authorization Change

Effective for dates of service on and after July 1, 2004, Tussionex Pennkinetic Suspension® (Hydrocodone/Chlorpheniramine Polistirex) will require prior authorization.

Additions to the List of Limitations on Certain Drugs

Drug	Limitations
Avinza [®]	QD (once a day) dosing up to 1600 mg/day
Kadian [®]	BID (twice a day) dosing
OxyContin [®]	BID (twice a day) dosing

**To view MAA's current list of Limitations on Certain Drugs,
go to:**

<http://maa.dshs.wa.gov/pharmacy>

Attached are replacement pages H.7-H.18 for MAA's Prescription Drug Program Billing Instructions, dated February 2003. To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click ***the Billing Instructions and Numbered Memorandum*** link). These may be downloaded and printed.